

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/171236

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		/		/		
4		/		/		
5		/		/		
6	/		/			
7	/		/			
8	/		/			
9		/		/		
10		/		/		
11	/		/			
12	/		/			
13		/		/		
14	/		/			
15	/		/			
16	/		/			
17	/		/			
18		/		/		
19		/		/		
20	/		/			
21		/		/		
22		2		2		
23	/		/			
24	/		/			
25	/		/			
26		①		/		
27	/		/			
28	/		/			
29		2		/		
30		2		/		
31	/		/			
32		①		/		
33		/		/		
34		/		/		
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	17		17			
TOTAL DEP.	20		18			
TOTAL CLAIMS	37		35			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
52												
53												
54												
55												
56												
57												
58												
59												
60												
61												
62												
63												
64												
65												
66												
67												
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

Best Available Copy